



PO Box 62660 Marshaltown 2107
Tel:011 833 1400 Fax:011 836 1020
Reg No: 2000/029223/07 Vat No: 4300193457

DEBIT ORDER FORM

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| SURNAME AND FIRST NAMES OF ACCOUNT HOLDER | |
| ADDRESS OF ACCOUNT HOLDER | |
| NAME OF BANK AND BRANCH WHERE ABOVE ACCOUNT IS CONDUCTED | |
| BANK CLEARING CODE | |
| ACCOUNT NUMBER | |
| TYPE OF ACCOUNT i.e. current, transmission, savings, bond or sub-share | |
| SIGNATURE OF ACCOUNT HOLDER | |

This request covers payments of accounts due under policies, which may be added to or deleted from time to time at my request